

Comments and Responses on ARC 7061B
Professional Development Standards for Child Care Facilities
Received September 3, 2008

The following persons and organizations provided written comments, which are included in the summary below:

Linda Bartleson, regional manager, Bright Horizons Family Solutions
Sue Cooper, COO, Skip-A-Long Child Development Services, Davenport
Cindy Davis, assistant Head Start program coordinator, Mason City
Annette Koster, program coordinator, Buena Vista, Crawford & Sac Co. Comm. Empowerment
Nancy Lilienthal, director/teacher
Brenda Loop, regional data services coordinator, Child Care Resources and Referral of NE Iowa
Brenda O'Halloran, Teachable Moments Child Care
Sharon Moritz, education specialist, NICA Head Start, Mason City
Rose Peterson, HACAP
Kathie Readout, early childhood programs director, Mid-Iowa Community Action, Marshalltown
Connie Siebenbruner, early childhood director, Upper Des Moines Opportunity, Graettinger
Dick Sievers, executive director, Mid-Sioux Opportunity, Remson
Dr. Catherine Swackhammer, state technical assistance specialist, ICF International, Cincinnati
Kathy Yoke, infant & toddler specialist, Community action of Eastern Iowa, Davenport
Kim Young-Kent, Tri-County Child and Family Development Council, Waterloo
Allison Vaughn, Mid-Iowa Community Action

Content & Hours

COMMENT: I like that the topic areas are the same as the CDA Credential content areas.
(Koster)

COMMENT: There needs to be more hours required for teachers and assistants. Look at the other states. (Lilienthal)

COMMENT: [Increase] the number of hours for group setting training to 6 hours and decrease self study to 4 hours. I do not think it is a hardship to attend 3 trainings a year. (Vaughn)

COMMENT: Why do homes need 12 each year and centers only need 6 hours for staff and 8 for directors and onsite supervisors for the sequential years. The home providers work longer hours making attending training more difficult. It also adds to the burn out of child care providers having to work long hour on top of attending trainings. I do feel 12 hours for the first year or even making Child Net mandatory with 8 hours of training for the sequential years would be an option. Will providers receiving state subsidy be required to take training? (Koster)

RESPONSE: The purpose of this rule change was not to change the number of required hours but to refine our training approval process.

COMMENT: Some conferences or NAC training last 8 hours. (Koster)

RESPONSE: The Department will change the maximum allowed number of training hours to eight hours in consideration of some conferences and NAC training.

Head Start Training

COMMENT: [I] have some concern that Head Start Agencies are not noted as acceptable group training providers. These programs often provide training through the State Associations, Regional and National Associations, and meet the stringent requirements of the Head Start Performance Standards. Training is provided by content specialists most with at least Bachelor and many with master degrees, have completed train the trainer sessions for curriculum, PBS, work sampling, and much more. (Swackhammer)

COMMENT: Our Head Start/Early Head Start program provides numerous trainings for Head Start/Early Head Start staff. Coordinators who have the minimum of BA degrees provide these trainings for staff and partnering child care or district staff. While teachers have many opportunities for outside training, assistant teachers generally are dependent on program provided training. Please consider amending the rules to include Head Start program provided training. (Siebenbruner)

COMMENT: [Head Start sends] staff to attend train the trainer courses, such as Second Step, Creative Curriculum, and PBS – Positive Behavior Support, CACFP. Not all of these trainings fall into one of the 12 entities you have listed, however our trainers return with the knowledge to teach our staff in group trainings. Our trainers are attending the same trainings as AEA staff and CCR&R staff, but they have not developed the curriculum to obtain written permission. According to the proposed amendment, this training is not considered valued training to count towards the required 10 hours of training. (Davis)

COMMENT: ...where does the ACF Region VII Head Start TA System fit in this mix? I provide training to programs across the state but am not any of the mentioned approved training. Could the Head Start TA System also be noted as approved group trainer? (Swackhammer)

COMMENT: As a provider of in-service and preservice on an annual basis, Tri-County Child and Family along with the other 17 Head Start agencies in the state of Iowa would like our trainings to be considered “approved”. Head Start performance standards mandate the education level of our managers and trainers and format for this proposed rule are followed in content and format. Please consider identifying Head Start and Early Head Start programs as approved providers of group training. (Young-Kent)

COMMENT: As an agency that provides Head Start, Child Care Resource & Referral...We have on staff persons who are qualified to teach CPR, Universal Precautions and various other courses mentioned in the proposed rules. We have provided many of the required training topics with staff over the past several years. This is both efficient and effective in meeting the needs of staff and children. ... we suggest the addition of "Head Start Agency" be added to the list of entities allowed to provide and/or approve training under section 109.7(7) Group training.

Without the ability to provide training as we have in the past, additional time and expense will be incurred when it is not necessary. (Sievers)

COMMENT: There are some recognized training entities that are not listed. I would suggest adding to 109.7(7)(a) the Federal and Regional Office of Head Start or contractors of the Federal or Regional Office of Head Start. For instance, in October the Federal Office of Head Start will be providing a Dual Language Learners conference in Washington, DC that will bring together experts on how to best address the learning needs to dual language learners in a classroom setting.

Another example is the training and technical assistance contractor of the regional Office of Head Start, has provided excellent training to our Head Start and Early Head Start staff, e.g. PBS, addressing dual language learner needs in classrooms. And yet another example is Zero to Three, a nationally known and recognized entity that is under contract with the Federal Office of Head Start as the National Early Head Start Resource Center.

These are all excellent, recognized training entities whose trainings, as the rules stand now, will not count as a part of the required annual 10 hours of training. This needs to be changed. (Readout)

COMMENT: I am concerned that the excellence of Early Head Start and Head Start agencies' training is not recognized in the proposed rules. Listing the Iowa Head Start Association as one of the recognized entities in 109.7(7)(a) is appropriate and appreciated. However, not listing agencies that provide Early Head Start and/or Head Start services appears to be an oversight.

Every agency that operates Early Head Start and/or Head Start receives literally thousands of dollars each year which is specifically earmarked for training purposes. Prior to receiving those thousands of training dollars each year, every Early Head Start/Head Start agency must submit, and receive approval of, a training and technical assistance plan to the Regional Office of Head Start. Surely then, such training should be recognized by the State of Iowa and counted toward the 10 hours of training required each year. (Readout)

COMMENT: Head Start Agencies component personnel are highly trained and skilled in their area of expertise - nutrition, health and safety, curriculum, child development, classroom management, parent involvement, and social services resources. As the rules are written unless these personnel are under contract or employed by the 12 entities listed in 109.7(7)a the training would not meet the DHS training guidelines unless the training is approved through DHS.

Head Start Agencies provide extensive training opportunities for component personnel that are train the trainer trainings. These trainings are taught by Education Agencies and Professors with expertise in these areas. Several Head Start personnel received the Positive Behavior Support train the trainer certification, the Creative Curriculum train the trainer certification, the 'I am Moving I am Learning' nutrition/obesity train the trainer certification and DECA train the trainer certification to name a few.

The Creative Curriculum goals and objects are matched to the Early Learning Standards, therefore, provide consistency as set forth in 110.5(14), The Head Start communities use the most restrictive regulation, Head Start Performance Standards and the Iowa Child Care regulatory standards as well as the developmentally appropriate practices as defined by National Association for the Education of Young Children, as the guide. These premier standards and

practices provide the best educational opportunities for the Early Childhood field. Head Start staff are well trained in these marks of excellence. (Peterson)

RESPONSE: The Department will include both the Head Start technical assistance system and Head Start agencies as approved training organizations after consideration of the request and review of Head Start standards pertinent to professional development.

COMMENT: do not agree with the changes which suggest that a training provider is unqualified unless they are employed by one of the listed entities. I would be one of those individuals, given your criteria. I possess a Master Teaching License in the areas of Early Childhood Education and Early Childhood Special Education. I have 30 years of professional experience in the field of Early Childhood. I have been specifically trained by the creators of Creative Curriculum as a trainer for the implementation of their curriculum. How dare you suggest that I am unqualified to present this training opportunity to our Head Start staff for credit. Our credentials have been reviewed by North Iowa Area Community College. They feel comfortable in offering CEU's for trainings we present. What gives you the right to say we are unqualified?

You speak about the standards set by NAEYC. They are given as an example of best practices. I would agree with that. However, Head Start policies and procedures meet or exceed all of the NAEYC standards. Our programs go through rigorous federal reviews every three years. Our Work Plans are reviewed yearly to reflect how we will ensure the implementation of our Head Start Performance Standards. I would challenge you to show me a more in depth procedure for implementing best practices in the field of Early Childhood.

I was previously employed by AEA's in Iowa for 13 years. Are you saying that during those years I would have been a qualified provider, but now that my salary is paid by Head Start, I am no longer qualified? I question the thinking behind that.

I would invite anyone on your committee to attend a training we provide for our staff. You would see that we use research based information for presenting our trainings. You would see that we do know what we are talking about. Head Start salaries are indeed much lower than the salaries of the "approved" agencies. However, the skills of those providing training to Head Start staff are in NO WAY lower than the skills of the trainers in your "approved" agencies.

I would ask that you reconsider your proposed changes. Making a blanket statement that trainings provided by "approved" agencies is superior to that of all others is very discriminatory. If you wish to insure that trainings will be presented by qualified individuals, I would suggest that you certify INDIVIDUALS versus agencies. (Moritz)

RESPONSE: The intent of the Department is not to evaluate trainer qualifications, nor to indicate that trainings provided by approved training organizations is "superior" to that of all others. Rather, the Department is approving training organizations with whom we have an established relationship and trust that they use quality trainers and provide quality training to early care and education professionals. In addition, trainers must be "employer by or under contract with" the approved training organization. This gives training organizations many options within their local communities to support quality trainings.

Training from Other Organizations

COMMENT: I like that other entities have the opportunity to submit training for approval. (Koster)

COMMENT: Would it be helpful to include the phrase “designed for the purpose of self-study” somewhere in [paragraph 109.7(8)“a”]? (Yoke)

COMMENT: It appears to me that we must use external training only, and that our Bright Horizons University courses, professional development day and new center training programs will not be recognized. Am I reading it right? For example, we cannot download a session on parent partnerships, created by Jim Greenman our Senior Vice President and ECE author, and present it for training hours.

This is a concern, as we have so many Bright Horizons resources that will not be counted towards credit. We would still want staff to receive our training, so training hours would increase dramatically and would affect budgets. Can you help me understand the rationale? If the training/trainer is approved in advance, why would we require the trainer/training from the specified groups only? (Bartleson)

RESPONSE: Child care centers are not required to only use external training. Training organizations not approved under 109.7(7)“a,” such as child care centers, may submit training to be approved as described in 109.7(7)“g.”

COMMENT: How will this affect local provider associations that currently work with their CCR & R to provide trainings at our monthly meetings. We submit a proposal for a training and they either approve it or not, if they approve it then we present it and may issue a training certificate underwritten by our CCR & R. We are not employed or contracted to do that particular training for the CCR & R, but several of us are contractors with the CCR & R for other trainings. (O’Halloran)

RESPONSE: Local provider associations may choose to work with local approved training organizations to ensure that they provide approved training or submit their training to the Department for review.

COMMENT: Number (10) Why isn’t the National Association of Child Care Professionals recognized as an accrediting body? This group is recognized as an excellent accrediting body by the Program Administration Scale and I would think trainers from there would be an excellent inclusion. (Cooper)

RESPONSE: The Department does not have an established relationship with the National Association of Child Care Professionals (NACCP). In addition, the on-line training that NACCP provides (in partnership with Smart Horizons) was denied to meet child care continuing education regulatory requirements on January 3, 2008.

COMMENT: I would like to see the NAFCC standards also used as a source of best practice, since NAEYC does not offer an accreditation for family child care providers I'm not sure all of their training needs will be met. Including NAFCC as a best practice source will allow for the

special circumstances found in the family child care field. NAFCC standards are research based standards and are the family child care equivalent to NAEYC. (O'Halloran)

COMMENT: ...include the National Association for Family Child Care (Vaughn)

RESPONSE: Subparagraph 109.7(9)“a”(3) references “the philosophy of developmentally appropriate practice” not standards. National Association for Family Child Care standards are set according to National Association for the Education of Young Children best practice so developmentally appropriate practice in one organization is supported by the other. Listing both is redundant in this situation.

COMMENT: I would suggest modifying the following 109.7(7)(a) phrase, "who uses a curriculum or training materials developed or obtained with the written permission of one of the following entities". I think training based on research-based, nationally recognized curriculums should also be added. For example, there are training manuals for the Creative Curriculum. It certainly seems such training should count toward the 10 training hours required each year. (Readout)

COMMENT: I would suggest specifying that training provided by CACFP and WIC staff, 109.7(7)(a)(11), be related to their areas of expertise, e.g. nutrition, food preparation. (Readout)

RESPONSE: Paragraph 109.7(7)“a” is not an approval of specific trainings, but of training organizations. A training organization that is not approved in h 109.7(7)“a” must submit the training that they wish to provide as specified in 109.7(7)“g” or 109.7(8)“:b.”

Approval of Individual Trainers

COMMENT: Numbers 7 and 8 speak to CPR and First Aid training provided by a hospital, the American Red Cross, the American Heart Association, etc. Can we assume that if a nurse on staff or a staff at a fire department (who is trained in CPR and First Aid by one of the listed entities) will qualify under this subrule or will they still need to go through the process of submitting an application and waiting up to 30 days to be approved? (Cooper)

RESPONSE: Red Cross certified instructors do not have to be employed by Red Cross to provide approved CPR and first-aid courses.

COMMENT: I was trained in North Carolina by the authors of ECERS and I was not able to count that towards the QRS. How insane is that. I am to retake the class with people who have been TRAINED by the authors so that it will count in Iowa. I don't think so. I would be happy to add to that class with what Iowa has included, but I will NOT retake that class and spend 3 more days to take what I have already learned. Period. (Lilienthal)

COMMENT: It is based on recommendations from NAFCC, CDA and other sources that providers develop a professional portfolio. Will something like this that is connected by use of NAFCC and CDA standards still be considered creditable? Or will it only be creditable if I am presenting for a formal organization under contract? Since I do a lot of trainings for local associations pro bono this is a concern to me. (O'Halloran)

COMMENT: I haven't seen any rules regarding the qualifications of trainers. Are you leaving that up to local CCR & Rs or will you be coming up with those guidelines as well? Keep in mind, many experienced home providers have a wealth of knowledge to share from their years of experience and should be given credit for these years and number of hours of training completed. (Just as DHS currently has a point system for determining director qualifications, using training hours + years of experience + formal education to meet certain qualifications). Unless you do the job of family child care, you lose a lot of your credibility when instructing on certain topics.

I'd hate to see valuable trainers (myself included) left out of the new system due to a lack of formal education. If you are going to require formal educational requirements I'd encourage you to look at other states systems where they have different levels of trainers which allow less formally educated trainers to still work and gain training skills but give them time (6 years or more to obtain a B.A. while still remain working with their current business) to obtain the formal education you are going to require. (O'Halloran)

RESPONSE: The intent of the Department is not to evaluate trainer qualifications, nor to indicate that trainings provided by approved training organizations is "superior" to that of all others. Rather, the Department is approving training organizations with whom we have an established relationship and trust that they use quality trainers and provide quality training to early care and education professionals. Moreover, the training provided by the approved training organizations must meet the requirements of 107.7(9).

It is up to approved training organizations to determine the qualifications of the trainers they use. The Department is assisting the child care resource and referral agencies to develop trainer and training approval policies this year.

Approval Process

COMMENT: If the person is at one of these entities, they automatically qualify or do they all still have to go through the process of applying and being accepted---then they are added to the list? In the Quad Cities we have people on the Illinois side of the river at colleges, hospitals, etc. who are trained. Will these people automatically have to apply to the registry to be counted? (Cooper)

RESPONSE: Paragraph 109.7(7)"a" does not limit approved training organizations to within the state of Iowa. Approved training organizations may be from any state in the U.S.

COMMENT: May need more description so each public health, school district , or local DHS office are not approving trainings. (Koster)

RESPONSE: Local public health agencies and school districts are not approved training organizations. Local DHS offices should use these administrative rules during registration renewal processes. Any training provided by DHS must meet the requirements of subrule 107.7(9) to be approved to meet regulatory requirements for continuing education.

COMMENT: 109.7(7)(g) states the "department shall issue its decision within 30 business days of receipt...". I realize this may be a reality, a capacity issue, but 30 business days can equal 6 weeks and that seems like too long a time to be waiting for approval. Waiting 6 weeks can

create a hardship for those "in the field" who are waiting to contract with a trainer, to secure a training site, to get out publicity about the training, etc. If there is any way to shorten the 30 business day timeframe, I would certainly suggest that be done. (Readout)

RESPONSE: The Department appreciates this concern and will make every effort to provide a response to a training approval request as quickly as possible. However, we also ask that training organizations plan ahead and submit the training with this timeframe in mind.

Access to Training

COMMENT: I am concerned about providers being able to find trainings. Will new trainings be developed and offered to providers? Will these trainings be offered close to the providers business. (Koster)

COMMENT: [Classes] also need to be locally taught. There is no time to travel let alone pay for gas for our people to drive to and then expect them to stay at their jobs. NAC need stay be local, ECERS should be available locally. (Lilienthal)

It is important to remember that training topics need to remain varied and responsive to the needs of the providers. Rural providers are going to have different training needs than urban providers in some cases, more experienced providers are going to need a different level of training than new providers, Once a provider has attended all of your series classes what is going to be left for them to pick from? Are conferences still going to count towards training hours? Will we need to start obtaining CEUs for a conference to count?

I know that I have to drive currently at times 1-2 hours away in order to obtain the trainings I need. The local trainings offered in many cases no longer address my needs for trainings. Take for instance a training I developed and researched: Creating a Professional Portfolio (O'Halloran)

COMMENT: Child Care Resource and Referral in Region 1 will only be offering Mandatory Training two times this year in September and March. If a Child Care Nurse Consultant is willing to teach a live training (as a part of her hours) verses the ICN Training offered will they be highly encouraged to share the curriculum so she could teach the class. My concern is the ability to find the training within 3 months without having some options. (Koster)

COMMENT: The opportunities for trainings are very limited. Will more trainings be developed to avoid repetition? (Koster)

RESPONSE: The Department appreciates these concerns. Approved training organization have funding constraints that force them to continually balance between providing training in as many local communities as possible to limit travel requirements of providers and providing a variety of training options. The high turnover rate within child care is another factor that impacts these decisions.